Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE ne Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/706,454 TRADEMA RANSMITTAL Filing Date 11/03/00 **FORM** <u>JAN 0 9 2</u>0**1**4 First Named Inventor Kevin Negus (to be used for all correspondence after initial filing) Art Unit 2665 Technology Center 2600 **Examiner Name** Tran, Thien D Total Number of Pages in This Submission Attorney Docket Number 034421-000097 ENCLOSURES (check all that apply) After Allowance Communication to Fee Transmittal Form Drawing(s) Group Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Petition Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): postcard Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Davis Gilmer, Red No. 44,711 Individual name Signature Date

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**FEE TRANSMITTAL** for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL	AMOUNT	OF PA	YMENT

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Complete if Known Application Number 09/706,454 Filing Date 11/03/00 First Named Inventor <u>IAN 0 9 20</u>0 Kevin Negus **Examiner Name** Tran, Thien D Technology Center Art Unit 2665 034421-000097 Attorney Docket No.

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None			3. AI	DITION	AL FE	ES			
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Account P.O. Box 640640			1812	130 2,520	1053 1812	130 2,520	Non-English specification  For filing a request for reexamination	<b></b>	
Name San Jose, CA 95164-0640			1804	920*	1804	920*	Requesting publication of SIR prior to	<del></del>	
The Director is authorized to: (check all that apply)				11004	JEU	1004	320	Examiner action	
☐ Charge fee(s) indicated below ☐ Credit any overpayments				1805	1,840*	1805	1,840*	Requesting publication of SIR after	
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to the above-identified deposit account.				1251	110	2251	55	Extension for reply within first month	55
FEE CALCULATION				1252	420	2252	210	Extension for reply within second month	
1. BASIC FILING FEE				1253	950	2253	475	Extension for reply within third month	
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